most likely, "if it could be made, it could be sold." One of the problems that the company would face in trying to sell the fuel is its high price tag, which is due to production costs and feedstock costs, or costs of the materials needed for production, according to Mann.

But much more research needs to be done before these issues are decided. Simplot will continue to follow the research on biodiesel, while the University of Idaho tries to work out the problems. Mann said the major problem the researchers now face involves the differences between raw vegetable oil and waste vegetable oil. He said that the oil used in the production of french fries is chemically modified in its raw state in order to raise its melting point, thus improving its ability to cook french fries. At the same time, this chemical modification also raises the oil's cloud point, the temperature at which solids begin to form. This poses a problem when used in biodiesel, because the fuel has to be kept at a certain temperature to prevent it from crystallizing. If the fuel has a high cloud point, it will crystallize at low temperatures during the winter. Researchers are now trying to lower the cloud point of the biodiesel made from waste vegetable oil.

If Simplot markets biodiesel, the company would focus on the environmental benefits of the fuel, marketing it for use by trucks, buses, and heavy machinery in environmentally sensitive or smog-prone areas. The success of biodiesel would depend on whether potential consumers believe the environmental benefits outweigh the costs. New air quality regulations and national mandates are being introduced that urge government and industry to begin using alternative fuels. Such regulations could raise interest in biodiesel. Because of the high price, however, biodiesel would probably not be sold at the corner pump, Mann said. Simplot will await the outcomes of this research before making any decisions about investment. "We're not going to jump in with both feet tomorrow," Mann said. "But it could be an opportunity in the future because we do have two of the major ingredients."

The Waning War on Cancer

The ongoing war on cancer, declared by President Nixon in 1971, needs to be revitalized or it will be lost, says a subcommittee of the National Cancer Advisory Board. Unless changes are made in the current strategy, cancer will become the nation's top killer in just five years, the subcommittee says.

The subcommittee to evaluate the National Cancer Program (NCP) prepared a report at the request of Congress members, who wanted to know why cancer is still on the rise, despite spending more than $23 billion on cancer research since 1971. The report outlined a strategy to renew the war and recommend direction for the NCP. "We have a schizophrenic system," said Paul Calabresi, chair of the National Cancer Advisory Board. "New direction is urgently needed."

The subcommittee identified several problems with current efforts to fight cancer. One problem is that despite the progress that has been made in cancer research, many researchers do not have the money to convert their breakthroughs in the lab into treatment. Also, the subcommittee said that half of all cancer patients could be cured if their tumors were discovered early enough, but 38 million uninsured Americans do not get routine cancer tests.

The major changes that the subcommittee recommends for the program include the establishment of a cabinet-level cancer director, universal access to cancer treatment, sufficient financing for cancer research, and an end to government support of tobacco, which the National Cancer Institute says causes one-third of all cancer deaths.

In the report, "Cancer at a Crossroads: A Report to Congress for the Nation," the subcommittee recommended that three major goals be pursued in fighting cancer: applying current knowledge about cancer prevention and care to all people; increasing support for translational research that develops basic cancer knowledge into preventive strategies, new technologies, and effective treatments; and increasing support for basic cancer research to maintain excellence and accelerate progress.

To reach these goals, the subcommittee said that six major issues must be addressed. The report identifies each of the issues and advises Congress how to address each one. First, the subcommittee points out that current health care reform proposals are devastating to the war on cancer because they deny resources for research and quality cancer care. To address this issue, the report says, Congress should include universal access to cancer care coverage in any health care reform plan that includes quality preventive, diagnostic, treatment, and rehabilitative services, including services provided in qualified clinical trials.

Second, the report says, the NCP suffers from an absence of coordination of cancer-fighting efforts in the public, private, and voluntary sectors. The 1971 National Cancer Act that established the NCP also mandated that the director of the National Cancer Institute develop a coordinated cancer research program encompassing the NCI programs, related programs of other research institutes, and other federal and nonfederal programs. But several years later, the responsibility for federal and nonfederal programs was taken from the NCI director and given to the general authorities of all national research institutes. The subcommittee feels that the scope of the NCP includes all nonresearch, nongovernmental, and community constituents who have an impact on cancer. The subcommittee recommends that Congress reestablish the 1971 legislative authority for coordinating the NCP and implement coordination of research and cancer care activities throughout the public, private, and voluntary sectors.

The third issue that the subcommittee points out is that many people currently receive inadequate cancer care, especially the poor, elderly, and uninsured. The subcommittee advises Congress to stabilize and strengthen the research infrastructure and cancer care delivery system, including NCI-designated cancer centers, community clinical oncology programs, and clinical trials cooperative groups.

Fourth, the report says that current laws, public policy, and governmental regulation undermine cancer prevention, treatment, and control efforts. Among such regulations are those regarding clinical trial design, the approval process for additional uses of established cancer therapies, and excessive documentation requirements, all of which discourage industry from undertaking anticancer drug and technology development. Also, the subcommittee says there is a lack of appreciation of the potential hazards of environmental and food source contaminants and that laws, policies, and regulations protecting and promoting tobacco use worsen the cancer problem and drive up health care costs. The subcommittee advises Congress to change such policies and industry practices.

The fifth issue that the subcommittee says warrants attention is that a failure to support translational research, which converts research findings into cancer care products and services, hinders the development of cancer-fighting advances. The subcommittee advises Congress to strengthen essential mechanisms, funding, and other support for translational research.

Finally, the subcommittee identifies current investment as insufficient to capitalize on unprecedented opportunities in basic science research. These opportunities have become available as a result of an ongoing revolution in molecular and cellular biology and offer the possibility to lead to a better understanding of the process of cancer development. In addition, the subcommittee says that inadequate resources now jeopardize continued basic science discoveries. The subcommittee advises Congress to intensify support for basic research to identify the mechanisms of cancer onset and spread, which are the foundation for future cancer preventive and therapeutic advances.